

Renewal Paperwork Instructions

1. This document contains all of the needed information for submitting paperwork for your renewal:
 - **FAA Form 8710-1**—Airman Certificate and/or Rating Application
 - Official Identification Document
 - Expiration Date Sheet
 - Paperwork Checklist (found under CFI Administration Instructions)
 - Paperwork Template

2. Type your personal data into the 8710-1.

Here's how:

- a. Scroll down to the FAA Form 8710-1.
 - b. Complete **ALL** blocks in Section I, Section IV, and Section V.
 - c. Click the green button, **Select Button to Check for Errors**, and make all necessary corrections.
3. Click the Printer icon on the toolbar of Adobe Acrobat Reader and print this entire document.
 4. Follow the rest of the instructions given on the Paperwork Checklist.
 5. Be sure that all documentation is signed and dated in ink!

The signature date must be within three calendar months preceding the expiration month of your current flight instructor certificate or the same month as your certificate expiration in accordance with FAR part 61.197.



U.S. Department
of Transportation
**Federal Aviation
Administration**

FAA Form 8710-1, Airman Certificate and/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act Statement:

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 15 minutes to complete this form. The information collected is required to obtain a benefit and becomes part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0021.

Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the Code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT/FAA 847. Those routine uses are: (a) To provide basic airmen certification and qualification information to the public upon request. (b) To disclose information to the national Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records which are maintained in alphabetical order and cross-referenced with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

See Privacy Act Information above. Detach this part before submitting form.

Instructions for completing this form (FAA 8710-1) are on the reverse.

If an electronic form is not printed on a duplex printer, the applicant's name, date of birth, and certificate number (if applicable) must be furnished on the reverse side of the application. This information is required for identification purposes. The telephone number and E-mail address are optional.

Tear off this cover sheet before submitting this form.

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

INSTRUCTIONS FOR COMPLETING FAA FORM 8710-1

I. APPLICATION INFORMATION. *Check appropriate blocks(s).*

Block A. Name. Enter legal name. Use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR Section 61.25. If you do not have a middle name, enter "NMN". If you have a middle initial only, indicate "Initial only." If you are a Jr., or a II, or III, so indicate. If you have an FAA certificate, the name on the application should be the same as the name on the certificate unless you have had it changed in accordance with 14 CFR Section 61.25.

Block B. Social Security Number. Optional: See supplemental Information Privacy Act. Do not leave blank: Use only **US Social Security Number**. Enter either "SSN" or the words "Do not Use" or "None." SSN's are not shown on certificates.

Block C. Date of Birth. Check for accuracy. Enter eight digits; Use numeric characters, i.e., 07-09-1925 instead of July 9, 1925. Check to see that DOB is the same as it is on the medical certificate.

Block D. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country where you were born.

Block E. Permanent Mailing Address. Enter residence number and street, P.O. Box or rural route number in the top part of the block above the line. The City, State, and ZIP code go in the bottom part of the block below the line. Check for accuracy. Make sure the numbers are not transposed. FAA policy requires that you use your permanent mailing address. **Justification must be provided on a separate sheet of paper signed and submitted with the application when a PO Box or rural route number is used in place of your permanent physical address. A map or directions must be provided if a physical address is unavailable.**

Block F. Citizenship. Check USA if applicable. If not, enter the country where you are a citizen.

Block G. Do you read, speak, write and understand the English language? Check yes or no.

Block H. Height. Enter your height in inches. Example: 5'8" would be entered as 68 in. No fractions, use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions, use whole pounds only.

Block J. Hair. Spell out the color of your hair. If bald, enter "Bald." Color should be listed as black, red, brown, blond, or gray. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eyes. Spell out the color of your eyes. The color should be listed as blue, brown, black, hazel, green, or gray.

Block L. Sex. Check male or female.

Block M. Do You Now Hold or Have You Ever Held An FAA Pilot Certificate? Check yes or no. (NOTE: A student pilot certificate is a "Pilot Certificate.")

Block N. Grade of Pilot Certificate. Enter the grade of pilot certificate (i.e., Student, Recreational, Private, Commercial, or ATP). Do NOT enter flight instructor certificate information.

Block O. Certificate Number. Enter the number as it appears on your pilot certificate.

Block P. Date Issued. Enter the date your pilot certificate was issued.

Block Q. Do You Now Hold A Medical Certificate? Check yes or no. If yes, complete Blocks R, S, and T.

Block R. Class of Certificate. Enter the class as shown on the medical certificate, i.e., 1st, 2nd, or 3rd class.

Block S. Date Issued. Enter the date your medical certificate was issued.

Block T. Name of Examiner. Enter the name as shown on medical certificate.

Block U. Narcotics, Drugs. Check appropriate block. Only check "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, check "No".

Block V. Date of Final Conviction. If block "U" was checked "Yes" give the date of final conviction.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

Block A. Completion of Required Test.

1. AIRCRAFT TO BE USED. (If flight test required) – Enter the make and model of each aircraft used. If simulator or FTD, indicate.
2. TOTAL TIME IN THIS AIRCRAFT (Hrs.) – (a) Enter the total Flight Time in each make and model. (b) Pilot-In-Command Flight Time - In each make and model.

Block B. Military Competence Obtained In. Enter your branch of service, date rated as a military pilot, your rank, or grade and service number. In block 4a or 4b, enter the make and model of each military aircraft used to qualify (as appropriate).

Block C. Graduate of Approved Course.

1. NAME AND LOCATION OF TRAINING AGENCY/CENTER. As shown on the graduation certificate. Be sure the location is entered.
2. AGENCY SCHOOL/CENTER CERTIFICATION NUMBER. As shown on the graduation certificate. Indicate if 142 training center.
3. CURRICULUM FROM WHICH GRADUATED. As shown on the graduation certificate.
4. DATE. Date of graduation from indicated course. Approved course graduate must also complete Block "A" COMPLETION OF REQUIRED TEST.

Block D. Holder of Foreign License Issued By.

1. COUNTRY. Country which issued the license.
2. GRADE OF LICENSE. Grade of license issued, i.e., private, commercial, etc.
3. NUMBER. Number which appears on the license.
4. RATINGS. All ratings that appear on the license.

Block E. Completion of Air Carrier's Approved Training Program.

1. Name of Air Carrier.
2. Date program was completed.
3. Identify the Training Curriculum.

III. RECORD OF PILOT TIME. The minimum pilot experience required by the appropriate regulation must be entered. It is recommended, however, that ALL pilot time be entered. If decimal points are used, be sure they are legible. Night flying must be entered when required. You should fill in the blocks that apply and ignore the blocks that do not. Second In Command "SIC" time used may be entered in the appropriate blocks. Flight Simulator, Flight Training Device and PCATD time may be entered in the boxes provided. Total, Instruction received, and Instrument Time should be entered in the top, middle, or bottom of the boxes provided as appropriate.

IV. HAVE YOU FAILED A TEST FOR THIS CERTIFICATE OR RATING? Check appropriate block.

V. APPLICANT'S CERTIFICATION.

- A. SIGNATURE. The way you normally sign your name.
- B. DATE. The date you sign the application.



DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I Application Information

Additional Rating
 Student
 Recreational
 Private
 Commercial
 Airline Transport
 Instrument
 Flight Instructor Initial _____
 Airplane Single-Engine
 Airplane Multiengine
 Rotorcraft
 Balloon
 Airship
 Glider
 Powered-Lift
 Medical Flight Test
 Renewal _____
 Reinstatement _____
 Additional Instructor Rating
 Ground Instructor
 Other _____
 Reexamination
 Reissuance of _____ certificate

A. Name (Last, First, Middle) _____ **B.** SSN (US Only) _____ **C.** Date of Birth _____ **D.** Place of Birth _____

E. Address _____ **F.** Citizenship _____ Specify _____ **G.** Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code _____ **H.** Height _____ **I.** Weight _____ **J.** Hair _____ **K.** Eyes _____ **L.** Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No **N.** Grade Pilot Certificate _____ **O.** Certificate Number _____ **P.** Date Issued _____

Q. Do you hold a Medical Certificate? Yes No **R.** Class of Certificate _____ **S.** Date Issued _____ **T.** Name of Examiner _____

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Yes No **V.** Date of Final Conviction _____

II. Certificate or Rating Applied For on Basis of:

A. Completion of Required Test

1. Aircraft to be used (if flight test required) _____ **2a.** Total time in this aircraft / SIM / FTD _____ hours **2b.** Pilot in command _____ hours

B. Military Competence Obtained In

1. Service _____ **2.** Date Rated _____ **3.** Rank or Grade and Service Number _____

4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. _____ **4b.** US Military PIC & Instrument check in last 12 months (List Aircraft) _____

C. Graduate of Approved Course

1. Name and Location of Training Agency or Training Center _____ **1a.** Certification Number _____

2. Curriculum From Which Graduated _____ **3.** Date _____

D. Holder of Foreign License Issued By

1. Country _____ **2.** Grade of License _____ **3.** Number _____

4. Ratings _____

E. Completion of Air Carrier's Approved Training Program

1. Name of Air Carrier _____ **2.** Date _____ **3.** Which Curriculum Initial Upgrade Transition

III RECORD OF PILOT TIME (Do not write in the shaded areas.)

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-off/Landings	Night PIC	Night Take-Off/Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator Training Device																
PCATD																

IV. Have you failed a test for this certificate or rating? Yes No

V. Applicants's Certification -- I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant _____ Date _____

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires
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Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Officials Signature
		Title

Designated Examiner or Airman Certification Representative Report

- Student Pilot Certificate Issued (Copy attached)
- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the certificate or rating sought.
- I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
 - Approved -- Temporary Certificate Issued (Original Attached)
 - Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires

Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.

- Approved -- Temporary Certificate Issued (Original Attached) Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
<input type="checkbox"/> Student Pilot Certificate Issued	<input type="checkbox"/> Certificate or Rating Based on	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Ground Instructor	
<input type="checkbox"/> Examiner's Recommendation	<input type="checkbox"/> Military Competence	<input type="checkbox"/> Renewal		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Foreign License	<input type="checkbox"/> Reinstatement		
<input type="checkbox"/> Reissue or Exchange of Pilot Certificate	<input type="checkbox"/> Approved Course Graduate	Instructor Renewal Based on		
<input type="checkbox"/> Special Medical test conducted -- report forwarded to Aeromedical Certification Branch, AAM-330	<input type="checkbox"/> Other Approved FAA Qualification Criteria	<input type="checkbox"/> Activity	<input type="checkbox"/> Training Course	
		<input type="checkbox"/> Test	<input type="checkbox"/> Duties and Responsibilities	
Training Course (FIRC) Name		Graduation Certificate No.		Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office	

Attachments:	<input type="checkbox"/> Airman's Identification (ID)
<input type="checkbox"/> Student Pilot Certificate (Copy)	Form of ID _____
<input type="checkbox"/> Knowledge Test Report	Number _____
<input type="checkbox"/> Temporary Airman Certificate	Expiration Date _____
<input type="checkbox"/> Notice of Disapproval	Telephone Number _____
<input type="checkbox"/> Superseded Airman Certificate	ID: _____
	Name: _____
	Date of Birth: _____
	Certificate Number: _____
	E-Mail Address _____

Official Identification Document

Applicant Data:

This is to certify that: (Print or type Applicant's full name & address below.)	
Name of Applicant:	
Signature:	
Address:	
Appeared before me on (Date) _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address.	
(1)*	Number: Exp. Date:
(2)*	Number: Exp. Date:

Certifying Official Data:

Check one : (as appropriate)	
<input type="checkbox"/> Notary Public <input type="checkbox"/> Consular Official of the U.S. State Department <input type="checkbox"/> U.S. Armed Forces Commanding Officer	
AFFIX SEAL HERE, IF APPLICABLE	Name:
	Signature:
	Title:
	Expiration Date:

* Two identification documents are required and must be listed in Blocks 1 and 2 of this form. One ID should be an official picture ID, such as a current driver's license, military ID card, or passport. The military ID number is on the back of the card. The second ID may be your pilot certificate (commercial or ATP), but you should *not* use your flight instructor certificate.



To: FAA, Airmen Certification Branch,
Civil Aviation Registry

From: AOPA Air Safety Foundation FIRC Graduate

By signing this document, I choose to keep the current expiration month of **my flight instructor certificate** in accordance with the provision of 14 CFR, 61.197 (b)(2)(ii).

_____ Print Name

_____ Date

_____ Signature

CFI Administration Instructions

Please complete the following information and include this Paperwork Checklist with your documentation.

Full Name: _____
Daytime Phone: _____ CFI Exp. Date _____
E-mail Address: _____

Paperwork Checklist

FAA Form 8710-1

Sign the form using your legal signature and date it using the following format:

MM - DD - YYYY

IMPORTANT! In order to retain the same expiration date on your new certificate, you must complete the course no earlier than three calendar months preceding the month of expiration.

Official Identification Document

Use this form to establish your identity before either a Notary Public, a Consular Official of the U.S. State Department, or your U.S. Armed Forces Commanding Officer. Instructions are included on the form.

Expiration Date Sheet

You must submit this document for the FAA to process your graduation certificate without issuing a temporary.

Paperwork Template

Make copies of your **current** photo ID and the front and back of your commercial or ATP pilot certificate. Attach your **actual** flight instructor certificate in the space indicated on the paperwork template. **Make sure your ID is the same one that was used to complete the Official Identification Document.**

Exam Score Summary

Click Exam Summary, print it (CTRL + P) and sign the bottom of the form.

Backup Copies

Keep one set of copies of your course documentation materials for your own records.

Paperwork Template

Photo ID

Copy of
Pilot Certificate
(Front)

Copy of
Pilot Certificate
(Back)

Original
Flight Instructor
Certificate
(Hard Copy)

Please staple or tape corners.

DO NOT USE GLUE.

Mailing Label:

Cut out the mailing label below and attach it firmly to the envelope and mail your documents to CFI Administration. You will need to provide the envelope.

CFI Renewal Department
AOPA Air Safety Foundation
421 Aviation Way
Frederick, MD 21701-4756